

AMENDED IN ASSEMBLY MAY 7, 2001

AMENDED IN ASSEMBLY APRIL 16, 2001

CALIFORNIA LEGISLATURE—2001–02 REGULAR SESSION

ASSEMBLY BILL

No. 892

Introduced by Assembly Member Keeley

February 23, 2001

An act to amend Section 8804.5 of, and to add Section 8804.3 to the Education Code, relating to, children's health.

LEGISLATIVE COUNSEL'S DIGEST

AB 892, as amended, Keeley. Healthy Start support services.

Existing law, the Healthy Start Support Services for Children Act (the act), requires the Superintendent of Public Instruction to award grants to local educational agencies or consortia to fund programs in qualifying schools that provide designated support services to eligible pupils and their families. The act authorizes the issuance of both planning grants and 5-year operational grants to local educational agencies or consortia that provide support services, as defined, to pupils and their families, and authorizes the issuance of county or regional planning and coordinating grants to a specified number of local educational agencies or consortia each year, for the purposes of increasing the local planning and coordinating efforts among school districts, county offices of education, county governments, community organizations, and nonprofit organizations, as specified.

This bill would require the Superintendent of Public Instruction to develop a process for awarding one-time 2-year pilot bridge grants of up to \$50,000 per year to local educational agencies or consortia that

submit a plan demonstrating that the program meets certain criteria. The bill would require each grant recipient to annually submit a report to the state.

Existing law authorizes the State Department of Education to award county or regional planning and coordinating grants from funds appropriated in the annual Budget Act to no more than 11 local educational agencies or consortia each year, in an amount not to exceed \$50,000 each or \$500,000 total.

This bill would delete the \$50,000 limitation and increase the total amount to \$1,100,000.

The bill would authorize the State Department of Education to, in each of the 2002–03 and 2003–04 fiscal years, allocate up to \$4,500,000 of the amount appropriated in the annual Budget Act for the Healthy Start Support Services for Children Act for the award of pilot bridge grants and up to \$400,000 for an evaluation of the bridge grant program.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. (a) The Legislature finds and declares as
2 follows:

3 (1) Since 1992, Healthy Start initiatives have been
4 implementing comprehensive integrated learning support services
5 at or near their local schools to serve the pupils and their families.
6 The services provided include tutoring, counseling, physical and
7 mental health services, parent education, after school programs,
8 youth development, and other locally designed endeavors.

9 (2) Results from two statewide evaluations conducted in 1995
10 and 1999 reveal significant improvements among recipients of
11 Healthy Start services in quality of life, well-being, and academic
12 performance with results for those most in need increasing
13 significantly. The results indicate that when the basic needs of a
14 child are met the learning potential of the child is increased and the
15 impact of other academic and after school programs are enhanced.

16 ~~(3) Sample results from a 1995 evaluation of Healthy Start~~
17 ~~initiatives include a 50 percent reduction in the use of hospital~~
18 ~~emergency rooms for nonemergency care, a 50 percent reduction~~
19 ~~in self-reported incidence of depression, suicidal ideation, and~~

1 domestic violence, a 12 percent reduction in mobility rates, and a
2 6 percent increase in employment rates among families who
3 received case management services from Healthy Start.

4 (4) Examples from a 1999 evaluation of the Healthy Start
5 initiatives parallel the 1995 results and also reveal that for those
6 students in the lowest quartile grades improved by 50 percent.
7 Healthy Start is “raising the bottom” of pupil achievement in
8 California, indicating that when children receive Healthy Start
9 services they are able to more fully achieve their academic and
10 individual potential.

11 (5) Healthy Start initiatives practice local design, local control,
12 and local implementation of their school community partnership
13 efforts. The grant application rubric requires evidence of parent
14 and community participation in the design, development,
15 implementation, and governance of local Healthy Start initiatives.
16 This requirement has positioned Healthy Start to be catalyst for
17 local change via a genuine community approach.

18 (6) Healthy Start primarily serves children and youth who
19 attend schools where a majority of the pupils enrolled are eligible
20 for Medi-Cal and reduced-price school meals or who are limited
21 in English proficiency. These children, youth, and families are
22 often already being served by nonprofit or public health and
23 human service agencies, so Healthy Start collaboratives invite
24 these partner agencies to work with them in one stop fashion. With
25 grant funding for Healthy Start services coordination, a local
26 initiative is usually able to leverage the majority of support
27 services for their neediest children and families without incurring
28 additional fees.

29 (7) Healthy Start initiatives also report more effective
30 assessments for special education services by virtue of having a
31 comprehensive screening mechanism that offers support services
32 as alternatives to the sometimes inappropriate provision of
33 services to at-risk pupils.

34 (8)–

35 (3) A study by the University of California Los Angeles, in
36 2000 found that more than 80 percent of Healthy Start schoolsites
37 grantees continued providing services after the grant period
38 ended, although a third of these reported a reduction in the number
39 of services provided. This indicates that even though the
40 self-sufficiency of Healthy Start is evident some partnerships need

1 help to strengthen the foundation. The UCLA study also reported
2 that, although Medi-Cal reimbursement funds constituted a
3 significant portion of the funding for many successful Healthy
4 Start programs, a significant number of Healthy Start grantees
5 were not benefiting from these funds. A third finding of the study
6 *help to strengthen the foundation. Another finding* showed that
7 school sites that carried out local evaluations were able to use those
8 results to acquire new funding and justified continued funding
9 from current partners.

10 ~~(b) The Legislature recognizes the contribution Healthy Start~~
11 ~~school-community collaboratives make in raising core funding.~~
12 ~~The Legislature further recognizes their ability to leverage~~

13 (4) *The Legislature recognizes the ability of Healthy Start*
14 *initiatives to leverage* minimal state funding into a significant level
15 of service provided to children, youth, families, and communities.
16 Specifically, Healthy Start grants are used to ensure that children
17 and youth have the learning support services needed to achieve
18 their full academic potential. The Legislature also recognizes that
19 ~~while academic potential.~~

20 (5) *The Legislature also recognizes that, while* most Healthy
21 Start grantees continue to provide services after the grant period,
22 there is a group that may require additional assistance, or bridge
23 funding, to strengthen the foundation for true systems change, as
24 documented by the University of California Los Angeles study
25 referenced above.

26 SEC. 2. Section 8804.3 is added to the Education Code, to
27 read:

28 8804.3. (a) The Superintendent of Public Instruction shall
29 develop a process for awarding one-time two-year pilot bridge
30 grants, of up to fifty thousand dollars (\$50,000) per year, to local
31 educational agencies or consortia and their Healthy Start
32 school-community collaboratives that meet the criteria set forth in
33 this section. The two-year pilot bridge grants shall be available on
34 a one-time basis beginning with the 2002–03 fiscal year. To be
35 eligible to receive a pilot bridge grant, an applicant must be a
36 Healthy Start grantee that has continued for two or more years
37 beyond state funding. A local educational agency or consortia and
38 the Healthy Start school-community collaborative shall submit a
39 plan demonstrating that the Healthy Start effort meets all of the
40 following criteria:

(1) The goals and operations of the Healthy Start initiative are linked to the academic goals and strategies of the school or school district, or both. Ways of demonstrating this linkage include, but are not limited to, the following:

(A) Coordination of planning between the Healthy Start collaborative and the school.

(B) Joint staff development between the Healthy Start staff and the school staff.

(C) Joint evaluation between the Healthy Start staff and the school staff, and other community or partner evaluations.

(D) Shared emphasis on academic results, strategies, and interventions.

(2) The local educational agency or consortia and the Healthy Start collaborative complete an asset mapping of other learning support programs that serve the same school community and describe how to coordinate their work with these programs. These programs may include, but are not limited to, the following:

(A) The Immediate Intervention/Underperforming Schools Program established pursuant to Section 52052.

(B) The School Safety and Violence Prevention Strategy Program, established pursuant to Section 35294.11.

(C) The Medi-Cal program.

(D) The Healthy Families Program, administered pursuant to Part 6.2 (commencing with Section 12693) of Division 2 of the Insurance Code.

(E) Parent involvement programs.

(F) Adult education programs.

(G) Family Resource Centers.

(H) California Children and Families Commissions established pursuant to Section 130140 of the Health and Safety Code.

(I) After School Learning and Safe Neighborhoods Partnerships Programs, established pursuant to Article 22.5 (commencing with Section 8482) of Chapter 2.

(J) 21st Century Learning Centers.

(K) Programs established pursuant to the federal Improving America's Schools Act of 1994.

(L) The AmeriCorps program.

(M) The support services set forth in subdivision (g) of Section 8804.

1 (3) The current Healthy Start collaborative is demonstrating
2 success in academic achievement of pupils and in the other
3 prioritized areas or need, as measured by an annual evaluation as
4 prescribed by the State Department of Education. The evaluation
5 shall include measures of pupils' academic success, attendance,
6 behavioral change, youth development, and other factors, as
7 required by the State Department of Education. Rigorous
8 measurement tools such as the California Healthy Kids Survey ~~is~~
9 *are* the preferred method for measuring behavioral change and
10 youth development.

11 (4) The local educational agency or consortia and Healthy Start
12 collaborative have a clear plan for academic achievement, as
13 determined by SAT-9 scores, school API scores and other relevant
14 academic measures, family participation, community
15 involvement, pupil behavior, school attendance, and other
16 activities that meet plan goals for improving student achievement.
17 The plan shall be used for continuous improvement at the school
18 site level, linked to the school or school district strategic plan, and
19 linked to a results-based evaluation as determined by the Healthy
20 Start school-community collaborative.

21 (5) The local educational agency or consortium demonstrates
22 a history of a local Healthy Start collaborative that is responsive
23 to the assessed strengths and needs of the students, families, and
24 community by providing leadership in governance, funding, and
25 provision of services for the Healthy Start Initiative. This
26 collaborative shall include pupils, families, community agencies,
27 school and district administration staff, and other stakeholders.
28 The collaborative shall demonstrate an ongoing commitment to
29 reinvesting local educational agency Medi-Cal billing funds into
30 maintaining and expanding the Healthy Start efforts and other
31 school-linked service initiatives for children, youth, and families.

32 (6) The current Healthy Start collaborative has participated in
33 a Healthy Start sustainability workshop, has developed a plan to
34 maximize resources beyond state funding that incorporates the
35 state guidelines for continuing operations and provides credible
36 strategies for staffing, including schoolsite coordination, student
37 and family outreach, case management, and for adequate,
38 accessible facilities on or near school campuses.



1 (7) The plan identifies all of the committed funding from
2 collaborative partners and other sources, identifies financial assets
3 and needs, and describes a plan for evaluation efforts.

4 (8) The plan includes achievable and measureable outcomes
5 for pupil academic achievement, family and community support,
6 and long-term continuation of the Healthy Start effort.

7 (b) If the original configuration of schools for the initiative is
8 not functioning as described in the application that was submitted
9 and accepted for initial funding, a local educational agency or
10 consortium and the collaborative may petition the Superintendent
11 of Public Instruction for an exception to the original configuration
12 of schools in their application for a pilot bridge grant pursuant to
13 this section.

14 (c) (1) Each recipient of a pilot bridge grant pursuant to this
15 section shall submit an annual evaluation report to the state that
16 describes the results of the Healthy Start collaborative in fulfilling
17 the criteria set forth in subdivision (a).

18 (2) The annual evaluation report shall include input, process,
19 and outcome indicators and quality assessment, as reasonably
20 required by the Superintendent of Pubic Instruction.

21 (d) The Superintendent of Public Instruction shall award pilot
22 bridge grants pursuant to this section to local educational agencies
23 or consortia and their Healthy Start collaborative partners in
24 northern, central, and southern California, in urban, suburban, and
25 rural areas, and in each cohort eligible for a pilot bridge grant. To
26 the extent possible, grants shall be awarded for programs that are
27 representative of the ethnic and linguistic diversity of Healthy
28 Start schoolsites in the state. Further, to the extent possible, grants
29 shall be awarded to schools serving elementary school pupils,
30 schools serving middle school pupils, and schools serving high
31 school pupils proportionately to the percentage of schools in the
32 state where Healthy Start serves pupils of each category.

33 (e) Applicants that successfully meet the criteria in subdivision
34 (a) must also pass an interview process with Department of
35 Education to be included in the pilot and receive a bridge grant.

36 (f) *The Department of Education may, in each of the 2002–03*
37 *and 2003–04 fiscal years, allocate the following amounts from*
38 *funds appropriated in the annual Budget Act for the Healthy Start*
39 *Support Services for Children Act:*

1 *(1) Up to four million five hundred thousand dollars*
2 *(\$4,500,000) for the award of pilot bridge grants pursuant to this*
3 *section.*

4 *(2) Up to four hundred thousand dollars (\$400,000) for an*
5 *evaluation of the pilot bridge grant program established pursuant*
6 *to this section.*

7 SEC. 3. Section 8804.5 of the Education Code is amended to
8 read:

9 8804.5. (a) The Legislature finds and declares that, as the
10 number of planning and operational grants awarded pursuant to
11 this chapter increases, additional local planning and coordinating
12 efforts will be necessary among school districts, county offices of
13 education, county governments, community organizations, and
14 nonprofit organizations for all of the following reasons:

15 (1) To avoid the duplication of efforts among agencies that
16 administer the grants.

17 (2) To develop linkages between several school districts,
18 individual county agencies, statewide organizations, or nonprofit
19 organizations.

20 (3) To disseminate training and technical assistance materials
21 developed by the department and other involved organizations.

22 (4) To plan for, and ensure, the continued ability of local
23 educational agencies or consortia to provide support services with
24 an operational grant, including planning and supporting the
25 funding of those services beyond the three-year grant period
26 through such means as Medi-Cal.

27 (5) To plan for, and ensure, the expansion of support services
28 provided with an operational grant through creative refinancing
29 options and the provision of comprehensive, integrated
30 school-linked services to sites that do not receive planning or
31 operational grants.

32 (b) From funds appropriated in the annual Budget Act for the
33 Healthy Start Support Services for Children Act, the department
34 may award county or regional planning and coordinating grants to
35 no more than 11 local educational agencies or consortia each year,
36 to be used for the purposes enumerated in subdivision (a). The total
37 amount of grants awarded annually pursuant to this section shall
38 not exceed one million one hundred thousand dollars
39 (\$1,100,000). The duration of grant shall be mutually agreed upon
40 by the grantee and the department.

1 (c) In awarding grants for the purposes of this section, the
2 department shall give priority to local educational agencies or
3 consortia that possess one or more of the following:

4 (1) An established capacity for leadership in the community
5 and an ability to engage in local problem solving and to creatively
6 approach the restructuring of service delivery methods.

7 (2) A demonstrated ability to work with and among service
8 delivery agencies and systems, including county mental health,
9 health, probation, and social service systems.

10 (3) The capacity to support county and regional planning and
11 coordination efforts to be more responsive to the needs of children
12 and their families in providing support services.

13 (4) Knowledge of the most effective strategies for refinancing
14 grants and for integrating services between and among agencies.

15 (d) A local educational agency or consortia shall collaborate
16 with local service delivery agencies and existing collaborative
17 councils in implementing a grant received pursuant to this section.

